

ANNEX Z Unit Ministry Team Mass Casualty TO JRTC & Fort Polk CHAPEL STANDING OPERATING PROCEDURES

1. REFERENCES:

- a. Bayne-Jones Army Community Hospital Emergency Preparedness Plan
- b. Fort Polk Emergency Preparedness Plan
- c. Religious Support in Combat and Other Trauma Settings by U.S. Health Services Command, Fort Sam Houston, TX.
- d. FM 16-1 Religious Support

2. **PURPOSE:** To establish the guidelines, policies and procedures to be followed by Unit Ministry Teams in the event of a Mass Casualty (MASCAL) disaster occurring within the Fort Polk and/or the surrounding community.

3. **SCOPE:** This Standard Operating Procedure applies to all Unit Ministry Teams assigned or attached to Fort Polk during activation of the Fort Polk Emergency Preparedness Plan.

4. RESPONSIBILITIES:

a. **FORT POLK DUTY CHAPLAIN:** The Fort Polk Duty Chaplain will be contacted by the Field Officer of the Day (FOD) concerning the MASCAL situation. The Fort Polk Duty Chaplain will contact the Command Chaplain and report to the disaster site. On site, the Duty Chaplain needs to gather the identities of the various units that respond to pass on to the Unit Chaplains for later CISM work. If the Hospital Chaplain is not available, the Fort Polk Duty Chaplain will contact the next Chaplain on the Duty Roster to become the acting Hospital Chaplain.

b. **HOSPITAL CHAPLAIN:** The Hospital Chaplain will serve as the Chaplain OIC and coordinate all activities within the Bayne-Jones Army Community Hospital. If the Hospital Chaplain is not available, the next chaplain on the Fort Polk Duty Roster will become the acting Hospital Chaplain. The Hospital Chaplain will contact the Command Chaplain (CC) to request immediate Unit Ministry Team coverage with follow-on requests as needed. The request will include the following information to the Command Chaplain:

- (1) Situation Overview
- (2) Unit/Personnel Involved
- (3) Estimated Casualties and Arrival Time
- (4) Projected Coverage Requirements (NOTE: IMPLEMENTATION OF THE

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BAYNE-JONES ARMY COMMUNITY HOSPITAL EMERGENCY PREPAREDNESS
PLAN IS AN AUTOMATIC REQUEST FOR FOUR (4) ADDITIONAL CHAPLAINS.)

c. **INSTALLATION STAFF CHAPLAIN:** The Installation Staff Chaplain will be located at the EOC, Bldg 350. The Deputy Installation Staff Chaplain will locate at the Emergency Ministry Operations Center located in the Hospital Chaplain's office during the MASCAL. The Installation Staff Chaplain will receive situation updates from the Disaster Site Chaplain and the Hospital Chaplain every hour during the MASCAL situation. The Installation Staff Chaplain will make the determination to deploy additional Unit Ministry Teams as the MASCAL situation dictates.

d. **CHAPLAIN ASSISTANTS:** The Installation Staff Chaplain NCOIC and the Hospital Chaplain Assistant will establish the Emergency Ministry Operations Center for the duration of the MASCAL disaster. The Installation Staff Chaplain NCOIC and the Hospital Chaplain Assistant will be responsible for relaying information to the Hospital Chaplain and other Unit Ministry Teams as needed. All other Chaplain Assistants will assist their Chaplains with spiritual triage, keeping a record of patients visited, running information to the Emergency Ministry Operations Center and as tactical vehicle drivers.

e. **MSC CHAPLAINS:** In the event the disaster occurs while a subordinate unit is in the field, the unit chaplain will take charge on site. If the disaster site is located in the training area, the MSC Chaplains will provide tactical vehicles to transport Unit Ministry Teams to the disaster site. The MSC Chaplains will provide notification to all UMT members within their MSC.

f. **JRTC OPERATIONS GROUP CHAPLAIN:** The JRTC OPS GRP Chaplain will be contacted whenever there is disaster in the training area that affects JRTC Rotational Units and OPFOR Units. The Chaplain will provide updates and request any additional support to the Command Chaplain. The Chaplain will be the major communication link from the training area to the Emergency Ministry Operations Center.

5. PROCEDURES:

a. The Hospital Chaplain (or the designated chaplain) will report to the BJACH Emergency Operations Center (EOC) in order to contact, coordinate, delegate, and direct responding Unit Ministry Teams to needed areas. The Hospital Chaplain Assistant will report to the Hospital Chaplain's office and establish the Emergency Ministry Operations Center.

b. The Hospital Chaplain's Office will be the primary communications center for all chaplain coverage and support needs. The Emergency Ministry Operations Center will at all times follow the MEDDAC and JRTC regulations concerning the disposition of military and patient information.

c. In the event of a protracted, on-going crisis, two teams will be established for

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rotation/rest. Each team will be on a 12-hour shift rotation.

d. Responding Unit Ministry Teams will report to the Hospital Chaplain's Office for their assignments within the hospital. The areas of assignment and functions of the responding chaplain's are as follows:

(1) Priority Area #1: Disaster Site (One Protestant Chaplain, normally the Fort Polk Duty Chaplain)

(a) The chaplains responding to the Disaster Site will determine the religious preference and spiritual needs of each patient. The responding chaplain will provide the Command Chaplain with situational updates every hour and request any additional Unit Ministry Teams.

(b) The Disaster Site Chaplains will perform spiritual triage to determine the religious preference and spiritual needs of each patient. Notations will be made on the Field Medical Cards or accompanying paperwork for the receiving area.

(c) The Disaster Site Chaplains will prioritize ministry by providing for the spiritual needs of patients in the following order:

- 1) SPECIAL /EXPECTANT (Patients with wounds which make chances of recovery small.)
- 2) IMMEDIATE (Patients in this category require immediate treatment for survival.)
- 3) DELAYED (Patients treatment can be delayed without impairing the patient's life.)
- 4) NEUROPSYCHIATRIC (Ambulatory patients in need of psychiatric care.)
- 5) MINIMAL (Patients in this category only require minor treatment.)

(2) Priority Area #2 Hospital Triage Area (One Chaplain at the Emergency Room entrance.)

(a) The Chaplain will perform spiritual triage to determine the religious preference and spiritual needs of the patients. Notations of any ministry provided (prayer, sacraments, ordinances, and rites) will be recorded on the patient's accompanying paperwork. The chaplain will provide the Command Chaplain with situational updates every hour and request any additional Unit Ministry Teams.

(b) The priority of ministry will be provided in the same order as the Disaster Site Chaplain above.

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(3) Priority Area #3 Special (Overflow) Area (Two chaplains, one Protestant and one Catholic chaplain.)

(a) The Special (Overflow) Area is for casualties whose injuries are so severe that recovery is not expected and death imminent.

(b) The chaplains will minister to the patients as needed. Notations of any ministry provided (prayer, sacraments, ordinances, and rites) will be recorded on the patients accompanying paperwork. Chaplains will coordinate with medical personnel for a roster of those casualties who have expired so that the next-of-kin in the Family Area may receive appropriate pastoral care. **(NOTE: The Chaplains will not act as notification officers or give out information until released by medical personnel.)** The chaplain will provide the Command Chaplain with situational updates every hour and request any additional Unit Ministry Teams.

(4) Priority Area #4 Family Area (Hospital Dining Facility) (One Chaplain)

(a) The Chaplain will minister to person/families as needed. The chaplain will provide the Command Chaplain with situational updates every hour and request any additional Unit Ministry Teams.

(b) The Chaplain or Chaplain Assistant should attempt to locate an area which could afford privacy for families that receive official death notifications.

(5) Priority Area #5 Minimal Area (One Chaplain)

(a) This is the holding area for patients whose injuries require minor treatment and will be released. The chaplain will provide the Command Chaplain with situational updates every hour and request any additional Unit Ministry Teams.

(b) The Chaplain will minister to the patients as needed. Notations will be made on the patients accompanying paperwork of all ministries provided (sacraments, ordinances, and rites).

(6) Priority Area #6 Family Assistance Center (Bldg 2201) (One Chaplain)

(a) The Chaplain will minister to person/families as needed. The chaplain will provide the Command Chaplain with situational updates every hour and request any additional Unit Ministry Teams.

(b) The Chaplain and Chaplain Assistant will coordinate their support efforts with the other agencies at the Family Assistance Center (Red Cross, Casualty Assistance, and other agencies).

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6. SERVICE & SUPPORT:

a. All chaplain ecclesiastical supplies must be provided by each individual chaplain assigned to the MASCAL. The Hospital UMT will provide literature upon request of the assigned chaplains.

b. Debriefings to all providers are to be done within 48 hours of the Event. Chaplains and Chaplain Assistants will be debriefed by a Unit Ministry Team that was not involved in the Event.

7. COMMAND & SIGNAL:

a. The Disaster Site Chaplains will provide hourly situational updates to the Command Chaplain.

b. The Hospital Chaplain will provide hourly situational updates to the Command Chaplain.

c. All communications to the assigned chaplains can be channeled through the Emergency Ministry Operations Center (Hospital Chaplains Office) at 531-3727 or 531-3728.

d. Messages to the Emergency Ministry Communication Center can be relayed via runners, ambulance drivers, patient's accompanying paper work, telephone, and FM communication assists.

e. All Unit Ministry Teams will be notified as instructed in Appendix A (MASCAL UMT ROSTER).